

# **The Lancaster PA Medical Reserve Corps**

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**Technology in the preparation, response  
and recovery phase**

# The Health Passport

Preparation and Response

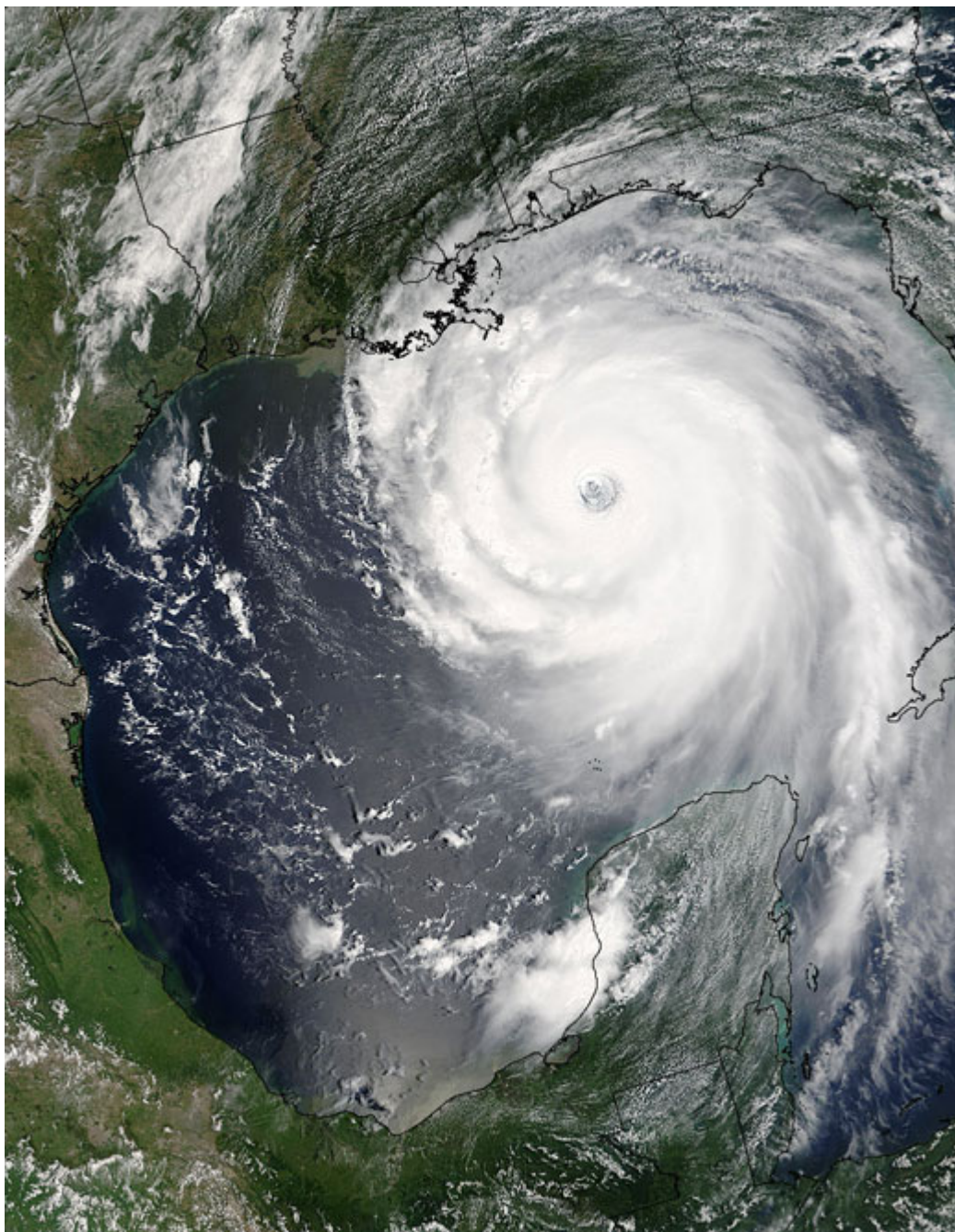
# It began in New York at 911

- Lancaster PA volunteers responded to the NYPD's call for help in NY at 911
- We formed one of the first MRC's in the nation after meetings at the White House



# Technology and an MRC

- Wrote **Lessons Learned at Ground Zero** with focus on preparation so that response and recovery go smoother
- Personal Health Record and web infrastructure suggested
- Subsequently, designed and implemented as a role based portal for credentialing, training, communications, collaboration, and access to secure encrypted medical information on a need to know permissions basis.



# **Aware of the Hazards**

- Responders are at risk
- Dangerous environment
- Responders as part of the problem











InnerLink's **Health Passport**™ provides participants such as first responders, emergency service personnel, athletes and special needs citizens with 24/7 access to their medical information through an electronic *Personal Health Record*.

**First responders can access vital health 24/7 information through Health Passport**



*This comprehensive system allows participants to maintain personal health information as well as base-line test results and make selected medical information accessible to authorized individuals or medical facilities via the web, mobile computing devices, and on a variety of media-storage options.*

A HIPAA-compliant *Personal Health Record* is created and maintained by the participant and is stored on a secure website, if authorized by the participant. The record may also be stored on a personal computer and/or a portable media storage device such as paper, a disk, CD-ROM, smart card or portable hard drive such as a key fob. Updating of the health record, and the portable media-storage devices, can be done by the participant or by authorized medical practitioners.

**Health Passport** is available to clients immediately with or without modification. Currently in use by the NFL Players Association, through the Living Heart Foundation's grant for Cardiovascular Screening of professional and retired football players from the Pfizer Pharmaceutical Corporation.

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Medical Reserve Corps

Account

th Passport

Health Passport

Rob Gillio  
Master TEAM Administrator  
MRC Health Passport

Thank you for your interest in the  
Medical Reserve Corps Health Passport™.

The Lancaster, PA MRC is sharing this resource with all MRCs at no cost in an effort to protect the health and well being of MRC responders. Utilize the links on the left to navigate and follow these steps:

- Use the **My Accounts** link and change your password (Enter at least six alpha or numeric characters - minimum of one each.). Enter a response to the **Security Question**. (If you forget your password, a correct response to the security question will generate an email with the new password.)
- Click on **Health Passport** and document your health history.
- Before your deployment take the time to protect yourself:
  - Complete all **Health Passport** information. Update your contacts.
  - List all medications, allergies, and immunizations. This is absolutely critical.
  - Print copies of your **Health Passport**, driver's license, passport and other important documents that you plan to take. Take the copies with you. If possible, save the information electronically to a portable hard drive/device, so that your information may be retrieved from any computer.



Click the links below to learn more about:

- **Health Passport**
- **Uses of the Health Passport**
- **The Lancaster, Pennsylvania MRC**

one

Internet

**Patient Information Directions:**

The first step in creating a health record is to enter information about you, where you work and where you live. Use the [Entry/Editor Mode](#) to edit or delete information. Use the buttons above or the Health Record Navigation menu (to the left) to navigate the health record. Each health record screen is printable using the Print button. We recommend printing each completed screen and keeping a hard copy of the health record. Click the Help button on each page for page specific instructions.

\* Indicates that you might have an incomplete or unentered field, use the [Editor Mode](#) to enter data.

**Patient Information****Name Prefix:** Mr.**First Name:** Anthony**Middle Name:** Gene**Last Name:** Demo**Name Suffix:** PhD**Maiden Name:** \***Date of Birth:** January 01, 1950**Gender:** Male**Marital Status:** Married**Social Security Number:** 111-11-1111**E-Mail Address:** info@innerlinkit.com**Pager Phone:** \***Mobile Phone:** 717-735-8109**Home Address:** 2141 Waterford Dr.**Home City:** Lancaster**Home State:** PA**Home Zip:** 17601**Home Country:** USA**Home Phone:** 717-735-8105**Employer:** InnerLink, Inc.**Occupation:** Content Writer**Work Address:** 313 W. Liberty St., Suite 201**Work City:** Lancaster**Work State:** PA**Work Zip:** 17603**Work Phone:** 717-735-8106**Preferred Hospital:** Lancaster General Hospital**Hospital Address:** 555 N. Duke St.**Hospital City:** Lancaster**Hospital State:** PA**Hospital Zip:** 17602**Hospital Phone:** 717-555-1212



<b>Your Health Record</b>
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### Contacts Directions:

Use the [Entry/Editor Mode](#) to edit or delete information. Contact should be listed in the order that you would like them to print and be contacted. The American Red Cross encourages you and your family to have the same out of region contact and to keep that information up to date. The Power of Attorney appointee is your medical and legal advocate should you not be able to represent yourself.

**\*** Indicates that you might have an incomplete or unentered field, use the [Editor Mode](#) to enter data.

### Primary Contact

**Relationship:** wife

**Name Prefix:** Mrs.

**First Name:** Ida

**Middle Name:** Mary

**Last Name:** Demo

**Home Address:** 2141 Waterford Dr.

**Home City:** Lancaster

**Home State:** PA

**Zip:** 17601

**Home Phone:** 717-735-8105

**Work Phone:** 717-555-0000

**E-Mail Address:** imdemo@comcast.net

**Pager Number:** \*

**Mobile Phone:** 717-735-8108

**Power of Attorney:** Yes

### Secondary Contact

**Name Prefix:** \*

**Relationship:** \*

**First Name:** \*

**Middle Name:** \*

**Last Name:** \*

**Home Address:** \*

**Home City:** \*

**Home State:** \* **Zip:** \*

**Home Phone:** \*

**Work Phone:** \*

**E-Mail Address:** \*

**Pager Number:** \*

**Mobile Phone:** \*

**Power of Attorney:** \*

**Self/Family Directions:**  
 Use the [Entry/Editor Mode](#) to edit or delete information. Diseases are listed in blue. Please check all that apply. Order of items to check is self, immediate family and extended family. The immediate family includes siblings, parents and grandparents. Additional information should be listed below the disease.

**\*** Indicates that you might have an incomplete or unentered field, use the [Editor Mode](#) to enter data.

### Self/Family History

<b>Arthritis:</b>	Self: Yes	Imm. Family: Yes	Ext. Family: Yes
<b>Additional Information:</b>	hands and feet		
<b>Bleeding Tendencies:</b>	Self: Yes	Imm. Family: Yes	Ext. Family: Yes
<b>Additional Information:</b>	platelet disorder		
<b>Cancer:</b>	Self: Yes	Imm. Family: No	Ext. Family: Yes
<b>Additional Information:</b>	skin		
<b>Congenital Abnormalities:</b>	Self: No	Imm. Family: No	Ext. Family: No
<b>Additional Information:</b>	*		
<b>Diabetes:</b>	Self: No	Imm. Family: No	Ext. Family: No
<b>Additional Information:</b>	*		
<b>Menopause:</b>	Self: No	Imm. Family: No	Ext. Family: No
<b>Additional Information:</b>	*		
<b>Gastrointestinal Disorders:</b>	Self: Yes	Imm. Family: No	Ext. Family: No
<b>Additional Information:</b>	Crohns		
<b>Heart Attack:</b>	Self: No	Imm. Family: No	Ext. Family: No
<b>Additional Information:</b>	*		
<b>Heart Disease:</b>	Self: No	Imm. Family: No	Ext. Family: No
<b>Additional Information:</b>	*		
<b>High Blood Pressure:</b>	Self: Yes	Imm. Family: No	Ext. Family: Yes
<b>Additional Infomration:</b>	*		
<b>Liver Disease:</b>	Self: No	Imm. Family: No	Ext. Family: No
<b>Additional Information:</b>	*		
<b>Lung Cancer:</b>	Self: No	Imm. Family: No	Ext. Family: No
<b>Additional Information:</b>	*		
<b>Neurological Disease:</b>	Self: No	Imm. Family: No	Ext. Family: No
<b>Additional Information:</b>	*		
<b>OB/GYN:</b>	Self: No	Imm. Family: No	Ext. Family: No
<b>Additional Information:</b>	*		
<b>Osteoporosis:</b>	Self: No	Imm. Family: No	Ext. Family: No
<b>Additional Information:</b>	*		
<b>Seizures:</b>	Self: No	Imm. Family: No	Ext. Family: No
<b>Additional Information:</b>	*		



### Social History Directions:

Use the Entry/Editor Mode to edit or delete information. The Social History items are an assessment of the lifestyle choices you have made. You and a trained medical professional can note these decisions to make a health plan that is right for you.

**\*** Indicates that you might have an incomplete or unentered field, use the [Editor Mode](#) to enter data.

### Social History Information

I am currently a smoker?:	No
How many packs /day do you smoke?:	*
How many years have you smoked?:	*
I used to smoke.:	No
I used to smoke ? packs per day.:	*
How many years did you smoke?:	*
I am a drinker.:	No
How often do you drink alchol?:	*
I am a past drinker:	No
I currently use drugs.:	No
Frequency and type(s) of drugs:	*
I am a past drug user:	No
Frequency and type(s) of drugs previously used:	*
I currently use chewing /spit tobacco:	No
Frequency and type of chewing /spit tobacco used:	*
I am a past user of chewing /spit tobacco user:	No
How often did you use chewing /spit tobacco before you quit?:	*
Do you use seatbelts when you drive in a car?:	Always
So you use a helmet when you engage in outdoor activites (bike riding, skateboard, rollerblading):	Always
Do you particiapte in Safe Sex Practices:	Always
At work I am exposed to my health and safety.:	Yes
Please state your occupation:	Content Writer
Please state occupational risks and hazards you encounter:	Stairs...pencil sharpeners...electrical wall outlets
I encouter health risks at home (second hand smoke or abusive situation):	No
If yes, please provide additional information:	*

### Cardiac Health Risks

Sedentary Life Style:	Yes
Obesity:	No
Smoker:	No
Diabetes:	No
Family History of Cardiac Issues:	Yes

## Allergies Directions:

Use the [Entry/Editor Mode](#) to edit or delete information. Being as specific as possible is very important and could save your life. List the most severe allergy first.

[\[Add New Entry\]](#)

## Allergies

**Added On 09/30/2004 10:09 am**

**What are you allergic to?:** Codine

**Allergic reaction description. Please be a specific as possible:** vomiting

**Specific Allergy instructions or treatments:** Avoid codine

**Severity of allergy:** Moderate

**Added On 09/30/2004 10:09 am**

**What are you allergic to?:** Wasp Stings

**Allergic reaction description. Please be a specific as possible:** heart races...throat gets dry

**Specific Allergy instructions or treatments:** benedryl

**Severity of allergy:** Mild

## Sharing Permissions

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## Immunizations Directions:

Use the [Entry/Editor Mode](#) to edit or delete information. Information about your immunizations can be located with your doctor. Please list any other immunization in the "other" section.

## Immunization Information

No **Anthrax:**  
 No **BCGI:**  
 2000 **DPT (Diphtheria, Pertussis, Tetanus):**  
 2000 **Hepatitis A:**  
 2000 **Hepatitis B:**  
 2003 **Influenza:**  
 2000 **MMR (Measles, Mumps, Rubella):**  
 2003 **Pneumococcal:**  
 No **Pneumonia (Bacterial):**  
 2000 **POLIO:**  
 2003 **PPD (Tuberculin Skin Test):**  
 No **Varicella:**  
 1961 **Smallpox:**  
 2002 **Tetanus (Booster):**  
 2003 **Other:**

**Please specify:** Cholera & Yellow Fever

**Sharing Permissions**  
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 You have not selected to allow a health care provider permission to view this page.



## Hospitalizations Directions:

Use the [Entry/Editor Mode](#) to edit or delete information. Hospitalization can be emergency room visits, out-patient procedures and overnight stays. Any related document (bills, discharge summaries, etc) can be uploaded and stored by the TEAM System.

[\[Add New Entry\]](#)

## Hospitalizations

**Added On 09/30/2004 10:43 am**

**What happened?**

Hunting accident...knee injury

**What was the chief complaint?:**

**When did this Hospitalization occur?:** November 27, 2001

**What was the diagnosis?:**

**What was the treatment prescribed or performed?:** debridement and skin grafting

**Physician in Charge:** Dr. Bones

**Hospital Name:** LGH

**Hospital City:** Lancaster

**Hospital State:** PA

**Upload hospitalization document. (X-Ray, discharge summary,**

**reports,bill):**

There are no files added. [Upload A File](#)

**Any additional information:**

**Added On 09/30/2004 10:20 am**

**What happened?**

Head injury from auto accident

**What was the chief complaint?:**

**When did this Hospitalization occur?:** March 06, 2003

**What was the diagnosis?:** skull fracture

**What was the treatment prescribed or performed?:**

This is an x-ray of my head after the surgery. You can see the outline of the section of skull that was removed. You can also see 2 of the little titanium strips, but the 3rd one is kind of lost in all the staples.

**Physician in Charge:** Dr. Speedy

**Hospital Name:** LGH

**Hospital City:** Lancaster

**Hospital State:** PA

**Upload hospitalization document. (X-Ray, discharge summary,**

**reports,bill):**

File: [head\\_xray.jpg](#) [\[Download\]](#)

**Any additional information:**

## Sharing Permissions

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## Surgeries Directions:

Use the [Entry/Editor Mode](#) to edit or delete information. Surgeries can include any outpatient or overnight surgery. Any related document (bills, discharge summaries, etc) can be uploaded and stored by the TEAM System.

[\[Add New Entry\]](#)

## Surgeries

**Added On 09/30/2004 10:41 am**

**What happened? What was the chief complaint?:** Hunting accident...Gunshot wound to knee.

**What surgery was performed?:** debridement and skin grafting

**When did this surgery occur?:** November 27, 2001

**Physicians Name that performed the surgery:** Dr. Bones

**Hospital's name where surgery was performed:** LGH

**Hospital City:** Lancaster

**Hospital State:** PA

**Upload surgery documentation:** File: [knee xray.jpg](#) [\[Download\]](#)

**Any additional information:**

Shot in the knee with a hunting rifle. In addition to the bone loss sustained a supracondylar fracture of the distal femur involving the lateral femoral condyle. Had debridement and skin grafting. There was a question of infection with enterococcus showing up in the culture reports but this may have been superficial. The supracondylar fracture healed with shortening and some malalignment of the lateral femoral condyle. Left with a stiff, short, unstable left knee.

## Sharing Permissions

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## Medical Diagnosis Directions:

Use the [Entry/Editor Mode](#) to edit or delete information. Only a health care professional should give a diagnosis and prescribe a treatment. Request a diagnosis summary from the health care professional and complete this form.

[\[Add New Entry\]](#)

## Medical Diagnosis

**Added On 09/30/2004 10:13 am**

**Why did you go to the doctor?:** Low energy/Chest pains

**What did the doctor diagnose?:** coronary artery disease

**When did the diagnosis occur?:** July 10, 2000

**Name of doctor diagnosing:** Dr. Quack

**Did the doctor prescribe a treatment or medication?:** exercise, diet changes, Pravacol

**Is this still an active problem for you?:** Yes

**Additional information or update:**

## Sharing Permissions

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### Medical Forms Directions:

Use the [Entry/Editor Mode](#) to edit or delete information. Medical Forms can include a will, living will, DNR order, organ donation, power of attorney, birth certificate, disease or medicine fact sheet or bill. Electronic forms and documents can be uploaded and stored. Specific medical procedure documents should be upload in the hospitalization or surgery sections. Use the menu links on the left to access these pages.

[\[Add New Entry\]](#)

### Medical Documents

**Added On 09/30/2004 10:01 am**

**Document Title:** Organ Donation Card

**Document Description:** I hope everyone knows how important this is.

**Document Type**  
(please select one): Organ Donation

**If other, please describe:**

**Medical Form Upload:** File: [organ\\_donation card.jpg](#) [\[Download\]](#)

**Added On 09/30/2004 09:21 am**

**Document Title:** HFCA Claim form

**Document Description:** Document needed for insurance company to pay claim

**Document Type**  
(please select one):

**If other, please describe:**

**Medical Form Upload:** File: [hfca\\_claim form.jpg](#) [\[Download\]](#)

### Sharing Permissions

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## Medications Directions:

Use the [Entry/Editor Mode](#) to edit or delete information. In the Patient Information section you created a summary of your medications. This section should include very specific medication information. This page should be shared with your doctor or pharmacist. **Current Medications** are medications you are taking now. **Previous Medications** are expired prescriptions. **Medication Sensitivities** are NOT allergies. They are medications that may irritate your body, such as give you a stomach ache. Medication allergies should be listed on the Allergies Page.

[\[Add New Entry\]](#)

### Current Medications

**Added On 09/30/2004 10:06 am**

**Medication Name:** Pravacol

**Dose of Medication:** 1 pill/day

**Unit of Medication:** other

**How often is the medication taken?:** Once a day

**If other, please specify:**

**Physician prescribing medication:** Dr. Caron

**Start Date:** April 10, 2000

**Stop Date:** No Date

[\[Add New Entry\]](#)

### Previous Medication

**Added On 09/30/2004 10:07 am**

**Medication Name:** Lipitor

**Dose of Medication:** 1 pill/day

**Unit of Medication:**

**How often is the medication taken?:** Once a day

**If other, please specify:**

**Physician prescribing medication:** Dr. Caron

**Start Date:** January 05, 1998

**Stop Date:** April 08, 2000

[\[Add New Entry\]](#)

### Medication Sensitivities

**Added On 09/30/2004 10:08 am**

**Reaction Rating:** Moderate

**Medication Name:** Latex Gloves

**Description of Medication Sensitivity:** Itchy rash in areas exposed.

### Sharing Permissions

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<b>Your Health Record</b>
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Provider Encounters
Exposures
Exercise
Food Diary
Disease Management
Insurance Reconciliation

**Self Reported Directions:**  
 Use the [Entry/Editor Mode](#) to edit or delete information. This is "how you feel today". Become an active participant and keep a medical journal of your wellness and sickness. Self-diagnostic tests are performed by you after consulting with a trained medical professional. Not all of these tests are applicable to all people. For example, blood sugar testing is only appropriate for diabetics. We encourage you to work in partnership with a trained medical professional as you complete measurements and report symptoms. This information may prove useful to report trends in your health. Consult your physician for a professional diagnosis.

[Add New Entry]		Self Diagnostics
Added On 09/30/2004 11:40 am		
	Date of Entry:	September 03, 2004
	Time of Entry:	07:40 am
	Pulse:	31
	Blood Pressure:	107/76
	Respiratory Rate:	12
	Weight (Lbs.):	202
	Temperature (F):	98.8
	Peak Flow Meter Reading:	
	Blood Sugar:	
	Pulse Oxymetry Reading:	
Any symptoms or physical abnormalities? Is anything wrong today?:		tired
Added On 09/30/2004 11:39 am		
	Date of Entry:	September 02, 2004
	Time of Entry:	08:20 am
	Pulse:	31
	Blood Pressure:	137/81
	Respiratory Rate:	12
	Weight (Lbs.):	204
	Temperature (F):	99.0
	Peak Flow Meter Reading:	
	Blood Sugar:	
	Pulse Oxymetry Reading:	
Any symptoms or physical abnormalities? Is anything wrong today?:		headache
Added On 09/30/2004 11:38 am		
	Date of Entry:	September 01, 2004
	Time of Entry:	08:00 am
	Pulse:	63
	Blood Pressure:	122/86
	Respiratory Rate:	12
	Weight (Lbs.):	200
	Temperature (F):	98.6

### Health Care Providers Directions:

Use the [Entry/Editor Mode](#) to edit or delete information. Health care providers can be doctors, therapists, chiropractors, school nurses or other professionals. Each professional should be listed separately.

By adding a health care provider, you have the option to give that provider access to your health care record. Each page of the health record has the viewing option. Permission is given in the edit mode of this page. Click the "Add a Health Care Provider" button. The Health Care Provider must be registered with and authorized by the TEAM System to have access. Authorization usually takes 24-48 hours to complete. Health care providers should go to <http://www.teamsystem.us/health> to register. Additional instructions are listed on this page.

**[Add New Entry]**

### Health Care Provider

**Added On 09/30/2004 08:57 am**

**Health Care Professional Name:** Crooked Oak Family Health Center

**Area of Specialty:** Family Practice

**Phone Number:** 717-569-2678

**E-Mail Address:** crookedoak@comcast.net

**Health Care Professional:** 465

**If other, please add title:** Dr Caron

**Health Care Provider Additional Information:**

### Sharing Permissions

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**You have not selected to allow a health care provider permission to view this page.**



## Insurance Directions:

Use the [Entry/Editor Mode](#) to edit or delete information. Insurance information should be updated regularly.

[\[Add New Entry\]](#)

## Insurance Information

**Added On 09/30/2004 09:00 am**

**Provider Name:** Capital Blue Cross

**Authorization Phone Number:** 800-962-2242

**Address:** 2500 Elmerton Ave

**City:** Harrisburg

**State:** PA **Zip:** 17555

**Group Number:** AEIOU

**Policy # / Membership #:** 123456789

**Name of Primary Guarantor:** Anthony Demo

**Relationship:** Spouse

**If other, please specify:**

**Social Security Number:** 111-11-1111

**Employer Name:** InnerLink, Inc.

**Employer Address:** 313 W. Liberty St., Suite 201

**Employer City:** Lancaster

**Employer State:** PA

**Zip:** 17603

**Occupation:** Content Writer

**Primary Insurance:** Yes

**Government Assisted Insurance:** No

**If yes, please specify.:**

**If other, please specify:**

## Sharing Permissions

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## Professional Diagnostics Directions:

Use the [Entry/Editor Mode](#) to edit or delete information. Professional diagnostics are performed by a trained medical professional. These entries should be the information obtained from the professional reports. Any related document (x-rays, discharge summaries, etc) can be uploaded and stored by the TEAM System. Storing previous professional diagnostic reports, studies and images can assist medical professionals in making a correct/quicker diagnosis of a current health situation. The test and physician's report both have value and should be uploaded.

[\[Add New Entry\]](#)

## Professional Diagnostics

Added On 09/30/2004 11:06 am

Pulse OX reading:

Spirometry Exam: File: [pft.jpg](#) [\[Download\]](#)

Spirometry Report: File: [spirometry results.doc](#) [\[Download\]](#)

Electrocardiogram: There are no files added. [Upload A File](#)

Electrocardiogram Report: File: [ecg.jpg](#) [\[Download\]](#)

Echocardiogram: File: [echo.mov](#) [\[Download\]](#)

Echocardiogram Report: There are no files added. [Upload A File](#)

X-Ray: There are no files added. [Upload A File](#)

X-Ray Interpretation: There are no files added. [Upload A File](#)

Photographs: There are no files added. [Upload A File](#)

Photograph Interpretation: There are no files added. [Upload A File](#)

MRI/CT/CAT/PET/Ultrasound: There are no files added. [Upload A File](#)

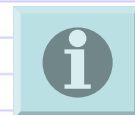
MRI/CT/CAT/PET/Ultrasound Report: There are no files added. [Upload A File](#)



ECG



ECHO



SPIRO



SKULL  
X-RAY

[\[Add New Entry\]](#)

## Laboratories

Added On 09/30/2004 11:27 am

Lab Test Type: Screening Results

Date of Lab Test: February 10, 2004

ECG changes suggesting thickened heart muscle. Left Ventricle (main pumping chamber): satisfactory beating patterns Right Ventricle (chamber pumping blood to lungs): unremarkable Left Atrium (chamber which receives blood from the lungs): acceptable sizes Heart Valves: satisfactory function Heart Dimensions (overall size + thickness): acceptable sizes

Lab Results Document: There are no files added. [Upload A File](#)

## Sharing Permissions

You have not selected to allow an administrator to view this page.

You have not selected to allow a health care provider permission to view this page.

## Exposures Directions:

Use the [Entry/Editor Mode](#) to edit or delete information. Exposurers are possible situations where you are exposed to an illness, such as anthrax, smallpox or SARS. It can also be exposure to chemicals or other harmful particles. Please include name of health care professional consulted.

[\[Add New Entry\]](#)

## Exposure

**Added On 09/30/2004 11:46 am**

**Date:** August 13, 1986

**Location:** 333 S. Pearl St. Lancaster, PA 17603

**What was the Incident?:** Exploring old house...Fell thru floor...Broke tiles!

**What were you exposed to?:** Asbestos

**Body Parts exposed?:** Total

**Protective equipment wearing:** None

**Symptoms:** Coughing

**Role At Scene:** Snooping

**Have you contact medical professionals about the exposure?:** No

**Name of Health Care Professional Contacted:**

**Occupation of Health Care Provider:**

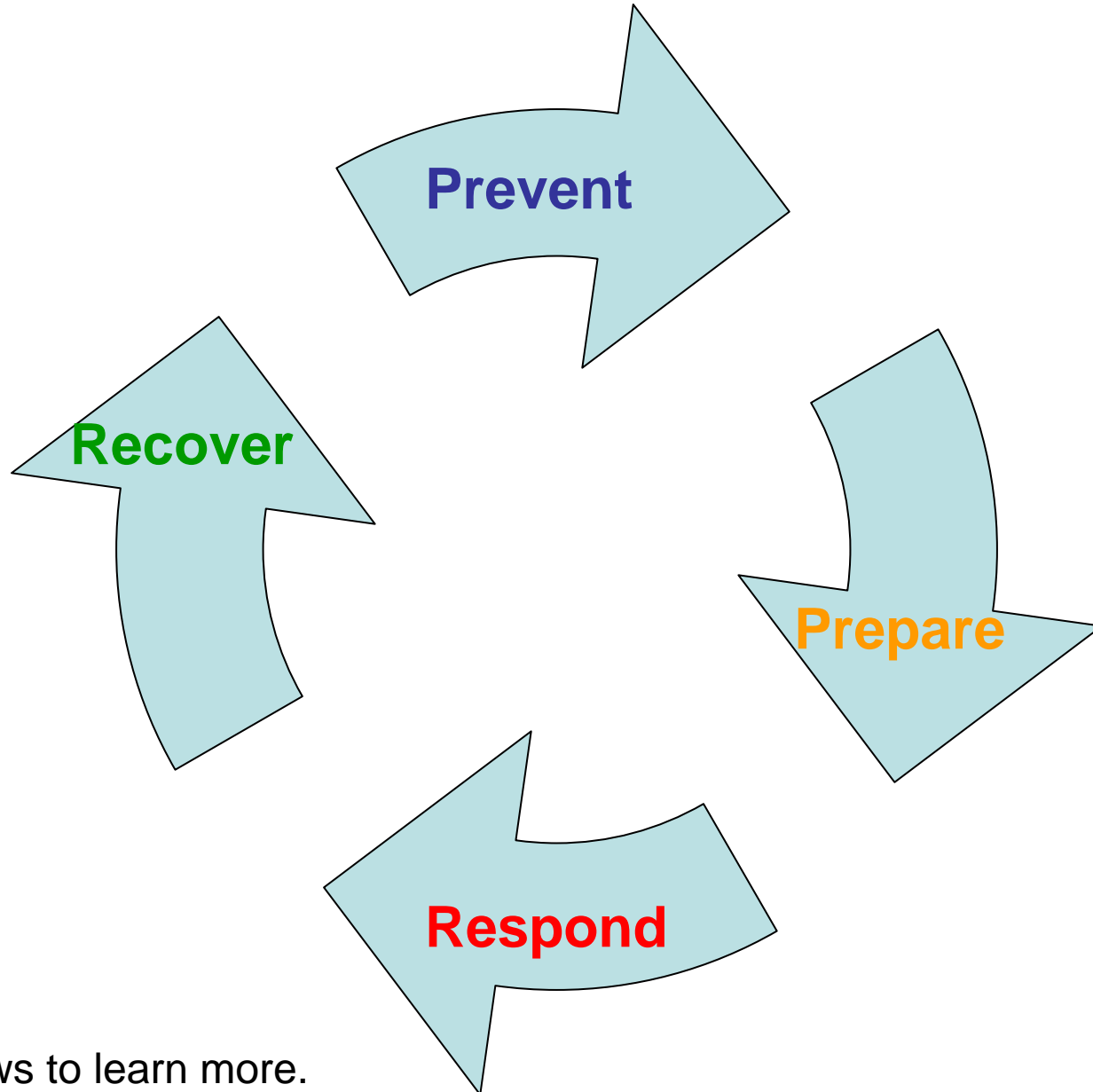
**If other, please specify:**

## Sharing Permissions

**You have not selected to allow an administrator to view this page.**

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# Use of the Health Passport



Click on the arrows to learn more.

# Utilization

- 500 MRC volunteers requested and utilise the Passport.
- Some groups use additional modules such as Strategic National Stockpile training and collaborative and communications features



# How do I get it for my unit?

- Go to [www.mrcpassport.org](http://www.mrcpassport.org) and register
- Share this with your units at no cost as a service of the Lancaster MRC and its local corporate partners

# Recovery and HiTech

- Volunteered in Mississippi and then invited to come to New Orleans as an observer and advisor regarding the role of volunteers and technology
- Recreating health records for Citizens
- Health Fair at the Zoo
- To describe this activity as a lesson for MRC's
- Non-official MRC opportunity

# Technology and Recovery

- Dr. Vangy Franklin
- Mr Kyle Park
- Tour of the clinic then and now
- Next phase opportunity

# **Kyle Park:Technology**

- **An electronic medical record used**
- **Satellite uplink**
- **Integrated via web portal**
- **Each station on the network**
- **Updating data where possible**
- **Papers scanned**
- **Patients with CD of record or option for wristband**



# **Dr. Franklin: Clinical**

- **Volunteers**
- **Services**
- **Medical issues**
- **Clinic next steps**
- **Need for assistance going forward**

# **Technology and the MRC Summary**

- **Share what you have**
- **Volunteer where you can**
- **Technology can be of value in all phases**
- **Network for more opportunities for your MRC and staff outside of MRC Official activities**





[www.ob.org](http://www.ob.org)

**OPERATION BLESSING**  
**DISASTER RELIEF SERVICES**

**FREE MEDICAL CLINIC  
@ METHODIST HOSPITAL**

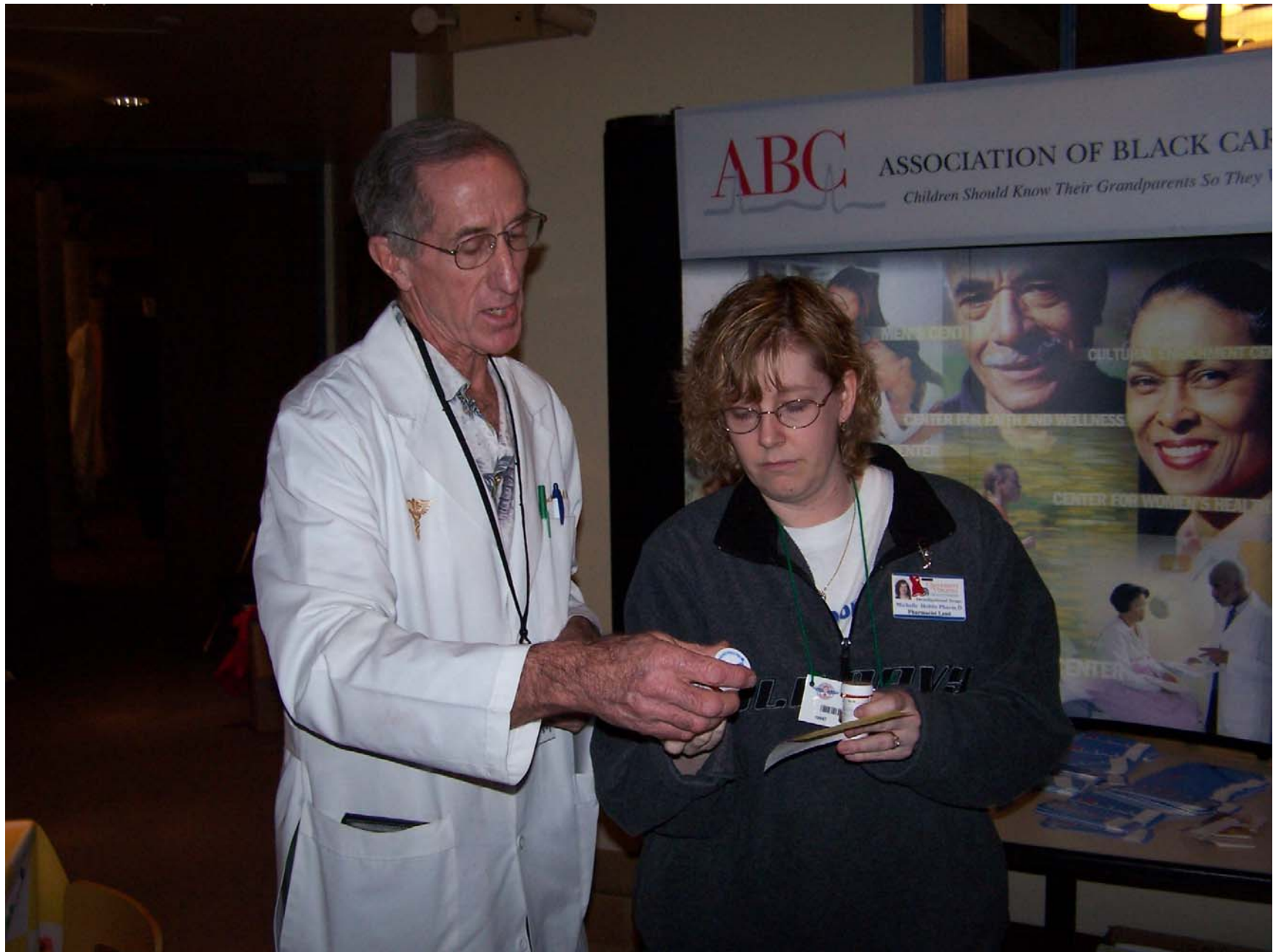
Coming Soon . . .



**IMA**

[www.imaonline.com](http://www.imaonline.com)













NO SMOKING

PHARMACY



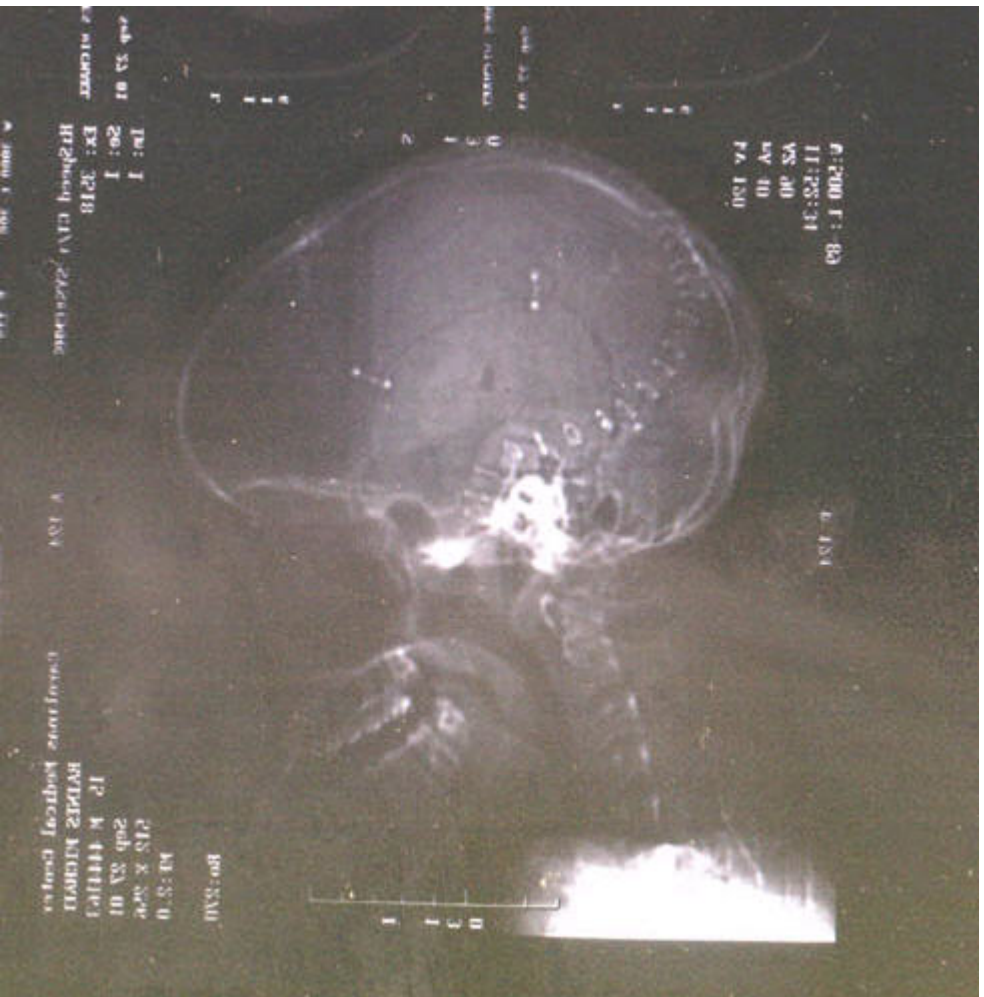
DENTAL CLINIC

GENERAL MEDICINE



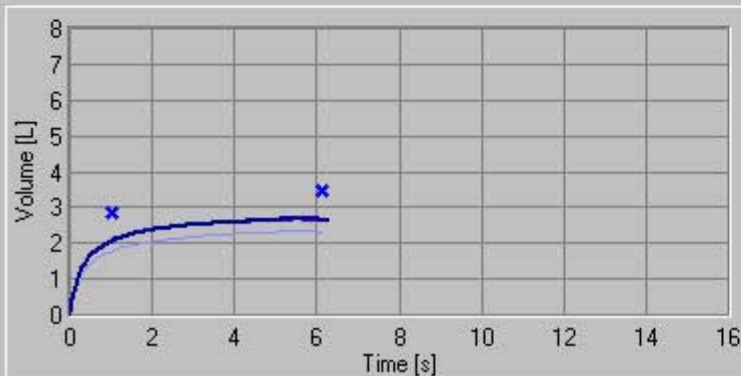
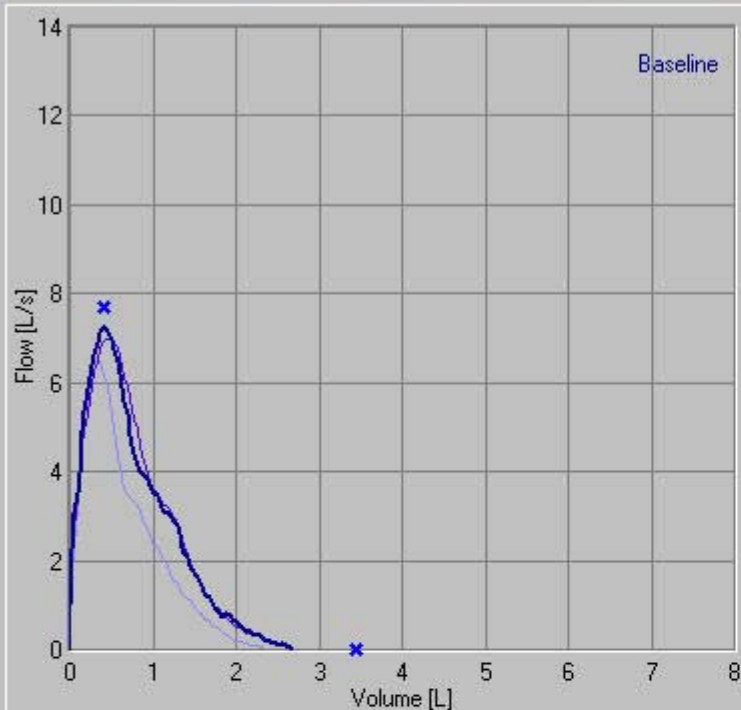








## View Test Results



## Patient Information

Name Demo, Anthony  
ID 33333777  
Age 54yrs  
Height 72"  
Weight 191 lbs  
Gender MALE  
Ethnic Caucasian  
Smoker NO  
Asthma NO

## Test Information

Test Date 02/10/2004  
Test Time 08:09am  
Post Time ---  
Test Mode DIAGNOSTIC  
Predicted Ref NHANES III  
Value Select BEST TRIAL  
Tech ID LH  
Automated QC ON  
BTPS (IN/EX) --- / 1.04

## Test Results

☒ Baseline☐ Post☐ Baseline / Post

Parameter	Trial2	Trial3	Trial1	Pred	%Pred	
FVC (L)	2.69	2.66	2.37	3.45	78	
FEV1 (L)	2.06	2.04	1.79	2.83	73	
FEV1/FVC	0.76	0.77	0.76	0.81	94	
PEF (L/s)	7.12	6.94	6.38	7.68	93	
FEF25-75 (L/s)	1.62	1.66	1.36	3.11	52	
FEF25 (L/s)	5.90	6.36	4.96	---	---	
FEF50 (L/s)	2.47	2.82	1.90	---	---	
FEF75 (L/s)	0.61	0.52	0.49	---	---	
FET (s)	5.80	5.56	5.77	---	---	

Indicates Below LLN or Significant Post Change

Normal Spirometry



Nr. 24

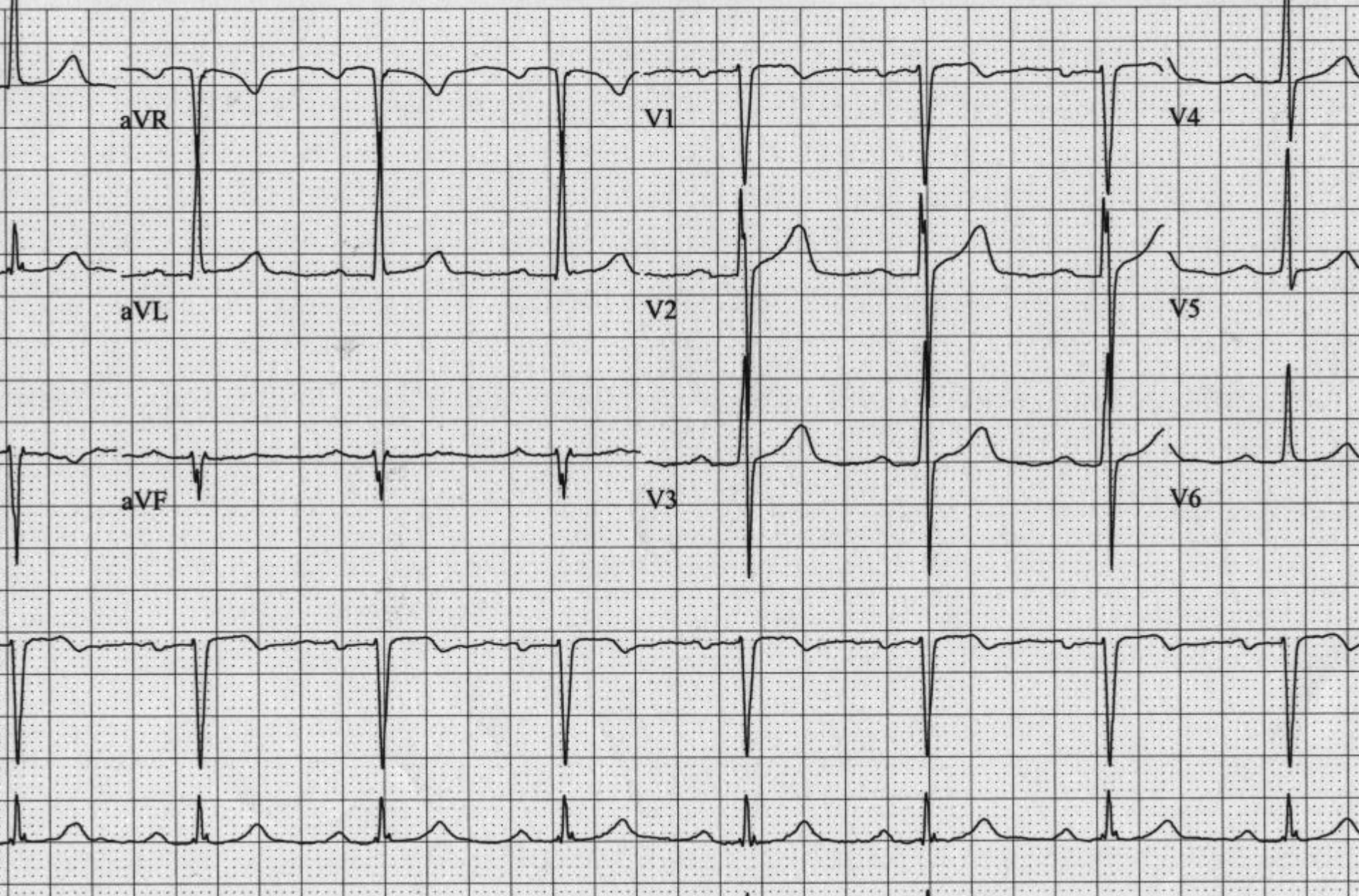


Shaved:No

Referred by:

Qual Prob?:

Confirmed By: GER  
Position: SUP



# Use of the Health Passport

## Prevent:

- Take the time to complete the Passport while awaiting deployment.
- Add contact information for multiple contacts and out of region reunification plan.
- Detail insurance coverage.
- Document conditions, medications and allergies.
- Obtain and scan in critical studies such as ECG tracing.
- Consider not deploying if review suggests high risk.
- Consider option to share with your physician or commander.
- Use regularly for exercise, weight management, and preventive medicine uses.

# Use of the Health Passport

## Prepare:

- Use the Passport to assemble your actual medications.
- Bring duplicates in a second piece of luggage and carry on critical medications and supplies.
- Print a copy of the passport on paper and bring with in plastic bag.
- Save it electronically to a portable key fob hard drive or floppy disc.
- Share your user name and password with your ICE contact (In Case of Emergency) in your cell phone directory

# Use of the Health Passport

## Respond:

- Document your deployment
- Keep track of your experiences in the journal
- Log your exposures to potential infections or toxic agents
- Take and upload pictures of injuries, rashes, or exposures
- Upload studies done in the field
- If you need access to the record, use any internet connected computer or use your portable media in a hard drive



# Use of the Health Passport

## Recover:

- Use when you return home. Remind your doctor of exposures especially if you have rash, low grade fever, or other elusive ailments. Local doctors may not be thinking of “exotic” infections, diseases or unusual exposure situations.
- Mental health is a potential issue during and even months after deployment. Review your log with your mental health professional if appropriate.
- Keep the Passport up to date and use it routinely in your health and wellness program. Be ready for the next emergency or deployment.